
State:	District of Columbia	Filing Company:	Beazley Insurance Company, Inc.
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Limited Medical Insurance - Rider		
Project Name/Number:	/		

Filing at a Glance

Company:	Beazley Insurance Company, Inc.
Product Name:	Group Limited Medical Insurance - Rider
State:	District of Columbia
TOI:	H14G Group Health - Hospital Indemnity
Sub-TOI:	H14G.000 Health - Hospital Indemnity
Filing Type:	Form
Date Submitted:	02/10/2020
SERFF Tr Num:	PERR-132255249
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	BICI-GH-GLI-DC-2001F
Implementation	On Approval
Date Requested:	
Author(s):	Neresa Torres, Paula Rossman, Kathleen Risko, Mollie Mason, Stephanie Joe
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association, Other Explanation for Other Group Market Type: Unions
Overall Rate Impact: Filing Status Changed: 02/12/2020
State Status Changed:
Deemer Date: Created By: Neresa Torres
Submitted By: Neresa Torres Corresponding Filing Tracking Number: PERR-132255248

Filing Description:

On behalf of Beazley Insurance Company, Inc. (the "Company"), we are submitting the enclosed group insurance forms for review and approval. The forms are new and are not intended to replace any previously approved forms. The forms provide additional benefit options, as well as a continuation option, which may be included as selected by the policyholder. The forms will be used with the company's previously approved Group Limited Indemnity plan which was approved on 04/27/2017 under SERFF Tracking No. PERR-130889277.

We respectfully request that this filing be effective on the earliest possible date according to your filing laws.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items in this filing, we will forward the request immediately to the Company contact. We will submit the Company's response to your attention as soon as we receive it.

Company and Contact

Filing Contact Information

Neresa Torres, State Filing Analyst III ntorres@perrknight.com
401 Wilshire Blvd. 310-889-0950 [Phone]
Suite 300
Santa Monica, CA 90401

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Beazley Insurance Company, Inc.	CoCode: 37540	State of Domicile: Connecticut
30 Batterson Park Road	Group Code:	Company Type:
Farmington, CT 06032	Group Name:	State ID Number:
(860) 677-3707 ext. [Phone]	FEIN Number: 04-2656602	

Filing Fees

Fee Required? No
Retaliatory? No

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Fee Explanation:

State: District of Columbia

Filing Company:

Beazley Insurance Company, Inc.

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Form Schedule

Lead Form Number: AHGLIMC-AE-CW 122019 Ed.

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		ACCIDENT EXPENSE BENEFIT RIDER	AHGLIMC-AE-DC 122019 Ed.	POLA	Initial			DC Accident Expense Benefit Rider.pdf
2		ACCIDENT LUMP SUM BENEFIT RIDER	AHGLIMC-LSA-DC 122019 Ed.	POLA	Initial			DC Accident Lump Sum Benefit Rider.pdf
3		ACCIDENT LUMP SUM SELECT BENEFIT RIDER	AHGLIMC-LSS-DC 122019 Ed.	POLA	Initial			DC Accident Lump Sum Select Benefit Rider.pdf
4		ACCIDENTAL [DEATH] [&] [DISMEMBERMENT] BENEFIT RIDER	AHGLIMC-ADD-DC 122019 Ed.	POLA	Initial			DC Accidental Death and Dismemberment Rider.pdf
5		CONTINUATION OF COVERAGE RIDER	AHGLIMC-CONT-CW 122019 Ed.	POLA	Initial			Continuation of Coverage Rider.pdf
6		CRITICAL ILLNESS BENEFIT RIDER	AHGLIMC-CI-DC 122019 Ed.	POLA	Initial			DC Critical Illness Benefit Rider.pdf
7		APPLICATION FOR GROUP LIMITED INDEMNITY INSURANCE	AHGLIMA01-DC 122019 Ed.	AEF	Initial			DC GLI Master Application.pdf
8		OUTPATIENT CANCER TREATMENT BENEFIT RIDER	AHGLIMC-OC-DC 122019 Ed.	POLA	Initial			DC Outpatient Cancer Treatment Benefit Rider.pdf
9		TOTAL DISABILITY BENEFIT RIDER	AHGLIMC-DI-DC 122019 Ed.	POLA	Initial			DC Total Disability Benefit Rider.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider

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DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

ACCIDENT EXPENSE BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

ACCIDENT EXPENSE RIDER SCHEDULE OF BENEFITS

Unless otherwise indicated:

1. Each of the benefits shown below are payable in addition to any other accident benefits provided in the Policy.
2. All Benefit Amounts apply on a **per Insured, per Accident** basis.

CONDITIONS OF COVERAGE	[24-Hour Coverage] [Non-Occupational Coverage]
MAXIMUM COVERED ACCIDENTS	[1-5] per Insured, per [Calendar][Benefit] Year
INCURRAL PERIOD FOR LOSS	[24-96] hours following an Accident
INCURRAL PERIOD FOR TREATMENT	[30-365] days following an Accident
BENEFIT	BENEFIT AMOUNT

FACILITY BENEFITS

[URGENT CARE TREATMENT BENEFIT]	
Benefit Amount	[\$10-\$5,000]
[OBSERVATION UNIT BENEFIT]	
Benefit Amount	[\$250-\$500]
[HOSPITAL CONFINEMENT BENEFIT]	
Benefit Amount	[\$50-\$5,000] per day
Benefit Maximum	[5-365] days per Accident]
[HOSPITAL ADMISSION BENEFIT]	
Benefit Amount	[\$100-\$10,000]
[HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT]	
Benefit Amount	[\$50-\$10,000] per day
Benefit Maximum	[5-60] days per Accident]
[HOSPITAL INTENSIVE CARE UNIT ADMISSION BENEFIT]	
Benefit Amount	[\$100-\$10,000]
[REHABILITATION FACILITY CONFINEMENT BENEFIT]	
Benefit Amount	[\$25-\$5,000]

COMMON INJURY BENEFITS

[DISLOCATION BENEFIT

Dislocation Type (Separated Joint):	Closed Reduction	Open Reduction
Hip	[\$25-\$25,000]	[\$100-\$50,000]
Knee (except Patella)	[\$25-\$25,000]	[\$50-\$50,000]
Ankle – Bones or Bones of Foot	[\$25-\$25,000]	[\$50-\$50,000]
Collarbone (Sternoclavicular)	[\$25-\$25,000]	[\$50-\$50,000]
Lower Jaw	[\$25-\$25,000]	[\$50-\$50,000]
Shoulder (Glenohumeral)	[\$25-\$25,000]	[\$50-\$50,000]
Elbow	[\$25-\$25,000]	[\$50-\$50,000]
Wrist	[\$25-\$25,000]	[\$50-\$50,000]
Bone or Bones of the Hand	[\$25-\$25,000]	[\$50-\$50,000]
Collarbone (Acromioclavicular and separation)	[\$25-\$25,000]	[\$50-\$50,000]
Partial Dislocation	[10-50%] of the applicable benefit for the joint involved]	

[FRACTURE BENEFIT

Bone Type	Closed Reduction	Open Reduction
Skull – depressed fracture (except Bones of Face or Nose)	[\$25-\$25,000]	[\$50-\$50,000]
Skull – simple non-depressed fracture (except Bones of Face or Nose)	[\$25-\$25,000]	[\$50-\$50,000]
Hip, Thigh (Femur)	[\$25-\$25,000]	[\$50-\$50,000]
Vertebrae, Body of (except Vertebral processes)	[\$25-\$25,000]	[\$50-\$50,000]
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	[\$25-\$25,000]	[\$50-\$50,000]
Leg	[\$25-\$25,000]	[\$50-\$50,000]
Bones of Face or Nose (except Mandible or Maxilla)	[\$25-\$25,000]	[\$50-\$50,000]
Upper Jaw - Maxilla (except Alveolar process)	[\$25-\$25,000]	[\$50-\$50,000]
Upper Arm between Elbow and Shoulder	[\$25-\$25,000]	[\$50-\$50,000]
Lower Jaw – Mandible (except Alveolar process)	[\$25-\$25,000]	[\$50-\$50,000]
Shoulder blade or Collarbone (Scapula, Clavicle, Sternum)	[\$25-\$25,000]	[\$50-\$50,000]
Vertebral Processes	[\$25-\$25,000]	[\$50-\$50,000]
Forearm, Hand, Wrist	[\$25-\$25,000]	[\$50-\$50,000]
Kneecap (Patella)	[\$25-\$25,000]	[\$50-\$50,000]
Foot	[\$25-\$25,000]	[\$50-\$50,000]
Ankle	[\$25-\$25,000]	[\$50-\$50,000]
Rib	[\$25-\$25,000]	[\$50-\$50,000]
Coccyx	[\$25-\$25,000]	[\$50-\$50,000]
Chip Fracture	[10-50%] of the Closed Reduction benefit for the bone involved]	

[LACERATION BENEFIT

Repaired without stitches, sutures or staples	[\$10-\$100]
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Repaired with stitches, sutures or staples – Total Length of all Lacerations

Less than 3 inches [\$10-\$25,000]

3 to 5 inches [\$10-\$25,000]

Greater than 5 inches [\$10-\$50,000]

[CONCUSSION BENEFIT

Benefit Amount [\$10-\$25,000]

[TRAUMATIC BRAIN INJURY BENEFIT

Benefit Amount [\$300-\$2,500]

[SURGERY BENEFIT

Open Abdominal & Thoracic Surgery [\$250-\$10,000]

Cranial Surgery [\$250-\$10,000]

[Hernia Surgery [\$25-\$5,000]

[Ruptured Disc Benefit Amount [\$50-\$5,000]

[Torn Knee Cartilage Surgery [\$100-\$5,000]

[Tendon/Ligament Surgery [\$50-\$5,000]

[Rotator Cuff Surgery [\$50-\$5,000]

Exploratory Surgery without repair [\$25-\$5,000]

[BURNS [AND SKIN GRAFT] BENEFIT

[For Second Degree Burns:

[Covering over [35-75%] of the Body Surface [\$75-\$50,000]

[Covering [10-25]% to [35-75%] of the Body Surface [\$50-\$50,000]

[Covering Less than [10-25%] of the Body Surface [\$25-\$25,000]]

[For Third Degree Burns:

[Covering over [35-75%] to 100% of the Body Surface [\$1,000-\$100,000]

[Covering [10-25]% to [35-75%] of the Body Surface [\$500-\$100,000]

[Covering Less than [10-25%] of the Body Surface [\$200-\$50,000]]

[Skin Graft Benefit Additional [10%-100%] of Burn Benefit]]

[EMERGENCY DENTAL BENEFIT

Benefit Amount [\$10 - \$5,000]

[EYE INJURY BENEFIT

Benefit Amount [\$10 - \$1,000]

[ORGANIZED SPORTS BENEFIT

Benefit Amount Additional [10-100%] of Benefit Amount payable]

FOLLOW-UP TREATMENT BENEFITS

[BLOOD, PLASMA AND PLATELETS BENEFIT

Benefit Amount [\$25-\$2,500]

[PAIN MANAGEMENT BENEFIT

Benefit Amount [\$10-\$500]

[MEDICAL IMAGING BENEFIT

X-Ray [\$10-\$1,000]

Major Diagnostic Imaging	[\$10-\$5,000]]
[MEDICAL APPLIANCE BENEFIT]	
Benefit Amount	[\$10-\$2,500]]
[MEDICAL EXPENSE BENEFIT]	
Maximum Benefit	[\$250-\$5,000] of actual charges]
[MEDICAL SUPPLIES BENEFIT]	
Maximum Benefit	[\$5-\$25] of actual charges]
[FOLLOW UP TREATMENT BENEFIT]	
Benefit Amount	[\$10-\$250] per day
Benefit Maximum	[1-5] days per Accident]
[OUTPATIENT THERAPY SERVICES BENEFIT]	
Benefit Amount	[\$15-\$150] per day
Benefit Maximum	[5-30] days per Accident]
[PRESCRIPTION DRUG BENEFIT]	
Benefit Amount	[\$5-\$100] per day
Benefit Maximum	[1-5] per Accident]
[LODGING BENEFIT]	
Benefit Amount	[\$50-\$1,000] per day
Benefit Maximum	[1-30] days per Accident
Distance from the Insured's primary residence	[50-250] miles]
[TRANSPORTATION BENEFIT]	
Benefit Amount	[\$25-\$1,000] per day
Benefit Maximum	[1-6] days per Accident
Distance from the Insured's primary residence	[50-250] miles]
[PROSTHETIC DEVICE BENEFIT]	
Benefit Amount	[\$100-\$5,000]]
[FAMILY CHILD CARE BENEFIT]	
Benefit Amount	[\$10-\$100] per day
Benefit Maximum	[5-60] days per Accident]
[RESIDENCE/VEHICLE MODIFICATION BENEFIT]	
Maximum Benefit	[\$250-\$15,000] of actual charges per Accident]

DEFINITIONS

For purposes of this rider, the following definitions apply:

CHIP FRACTURE means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. The term Chip Fracture does not include stress fractures, which are tiny cracks in a bone that can arise by the repetitive application of force or normal use of a weakened bone.

CHILD CARE CENTER means any facility or private care that is:

- (1) licensed as such by the state,
- (2) provides non-medical care and supervision for Children, and
- (3) is not operated by an Insured or a member of an Insured's immediate family.

CLOSED REDUCTION means manipulative repair of a Fracture.

CONCUSSION means a temporary impairment of normal brain function, such as thinking, vision, equilibrium and consciousness, as a result of traumatic injury to soft tissue caused by an abrupt bump, blow or jolt to the head, or a penetrating head injury.

DISLOCATION means a completely separated joint.

DISFIGUREMENT means a covered loss that causes spoiled or deformed appearance that can only be corrected by means of reconstructive or cosmetic surgery.

EPIDURAL ANESTHESIA means a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The epidural must be administered due to an Accident, and does not include treatment for childbirth or diseases.

FRACTURE means a break, rupture or crack in a bone that can be diagnosed by x-ray. The Fracture must require correction by a Physician through either Open Reduction or Closed Reduction.

INCURRAL PERIOD means the period of time immediately following the Accident in which loss or treatment must occur.

LACERATION means a cut that is produced by the tearing of soft body tissue that requires treatment by, or under the direction of, a Physician. Laceration does not include a puncture wound.

NATURAL TOOTH means a tooth:

- (1) With no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps;
- (2) For which pulpal tissues are healthy and intact; and
- (3) For which periodontal tissue shows little or no signs of active or chronic inflammation.

OCCUPATIONAL THERAPY means the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person's particular occupational role. Occupational Therapy does not include diversional, recreational, vocational therapies (e.g. hobbies, arts and crafts).

OPEN REDUCTION means the surgical repair of a Fracture.

ORGANIZED SPORT means sport activity that is governed by an organization and requires formal registration to participate. Proof of registration will be required at claim time.

PARTIAL DISLOCATION means a Dislocation in which the joint is not completely separated.

PHYSICAL THERAPY means treatment by physical means, hydrotherapy, heat or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function and to prevent disability following injury to or loss of a body part.

REHABILITATION FACILITY means a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a Physician's direction. The Physician must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service.

A Rehabilitation Facility is not:

- (1) a nursing home;
- (2) an extended care facility;
- (3) a skilled nursing facility;
- (4) a rest home or home for the aged;
- (5) a hospice care facility;
- (6) a facility for treatment of mental or nervous disorders or substance abuse; or
- (7) an assisted living facility.

SPECIALTY FREE-STANDING TREATMENT CENTER means a facility which may be public or private, structurally distinct and separate from a Hospital, staffed, equipped and operated to provide medical care under the direction of a Physician.

SPEECH THERAPY means treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.

TRAUMATIC BRAIN INJURY means a loss of normal brain function, such as thinking, vision, equilibrium and consciousness, as a result of traumatic injury to soft tissue caused by an abrupt bump, blow or jolt to the head, or a penetrating head injury.

BENEFITS

Any Benefit Amount payable per day will not exceed the Benefit Amount, subject to the maximum number of days or payments per Accident shown on the Schedule of Benefits. All eligible services, supplies, treatment and benefits must be received during the Incurral Period shown on the Schedule of Benefits unless otherwise stated.

FACILITY BENEFITS

[URGENT CARE TREATMENT BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured requires examination and treatment by a Physician in an Urgent Care Facility as the result of an Injury.]]

[OBSERVATION UNIT BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is Confined to an Observation Unit as the result of an Injury..]]

[HOSPITAL CONFINEMENT BENEFIT

We will pay the benefit shown in the Schedule of Benefits if an Insured is Confined and receiving Treatment in a Hospital due to Injury. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.

This benefit will not be paid for outpatient treatment, Emergency Room Treatment or confinement in an Observation Unit. [We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Confinement Benefit concurrently.]]

[HOSPITAL ADMISSION BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is admitted and Confined to a Hospital for Inpatient treatment as the result of an Injury.

This benefit will not be paid for outpatient treatment, Emergency Room Treatment or confinement in an Observation Unit. [We will not pay the Hospital Admission Benefit and the Hospital Intensive Care Unit Admission Benefit concurrently.]]

[HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT

We will pay the benefit shown in the Schedule of Benefits if an Insured is Confined and receiving Treatment in a Hospital Intensive Care Unit due to Injury. If an Insured is Confined in a Hospital care unit that does not meet the Certificate's definition of a Hospital Intensive Care Unit, We will pay the Hospital Confinement Benefit Amount shown on the Schedule of Benefits. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.

This benefit will not be paid for outpatient treatment, Emergency Room Treatment or confinement in an Observation Unit. [We will not pay the Hospital Intensive Care Unit Confinement Benefit and the Hospital Confinement Benefit concurrently.]]

[HOSPITAL INTENSIVE CARE UNIT ADMISSION BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is admitted and Confined to a Hospital Intensive Care Unit for treatment as the result of an Injury. If an Insured is Confined in a Hospital care unit that does not meet the Certificate's definition of a Hospital Intensive Care Unit, We will pay the Hospital Admission Benefit Amount shown on the Schedule of Benefits.

This benefit will not be paid for outpatient treatment, Emergency Room Treatment or confinement in an Observation Unit. [We will not pay the Hospital Intensive Care Unit Admission Benefit and the Hospital Admission Benefit concurrently.]]

[REHABILITATION FACILITY CONFINEMENT BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is Confined to a Rehabilitation Facility for inpatient treatment as the result of an Injury. For this benefit to be payable, the Insured must be transferred to the Rehabilitation Facility for treatment following an inpatient Hospital Confinement.]

COMMON INJURY BENEFITS**[DISLOCATION BENEFIT**

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured suffers a Dislocation or Partial Dislocation as the result of an Injury. The Dislocation must be corrected by Open Reduction or Closed Reduction. The Partial Dislocation must be corrected by Closed Reduction. If the Insured sustains more than one of the losses shown in the Schedule of Benefits from one Injury, We will pay for the loss which has the largest benefit.]

[FRACTURE BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured suffers a Fracture or Chip Fracture as the result of an Injury. The Fracture must be corrected by Open Reduction or Closed Reduction. If the Insured sustains more than one of the losses shown in the Schedule of Benefits from one Injury, We will pay for the loss which has the largest benefit.

Chip Fracture

We will pay the Chip Fracture Benefit shown in the Schedule of Benefits for the Closed Reduction of the bone involved.]

[LACERATION BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured suffers a Laceration as the result of an Injury. The amount We will pay is based on the total length of all Lacerations received in any one Injury which require repair.]

[CONCUSSION BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured sustains a concussion as the result of an Accident.]

[TRAUMATIC BRAIN INJURY BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured sustains a Traumatic Brain Injury as the result of an Accident. The Traumatic Brain Injury must be diagnosed by computed tomography (CT) scan,

magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray.]

[SURGERY BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured undergoes surgery as the result of an Injury. If an Insured has more than one of the surgeries shown in the Schedule of Benefits as the result of the same Injury, We will pay for the one which has the largest benefit. We will pay the benefit shown in the Schedule of Benefits for exploratory surgery performed by arthroscopy as the result of an Injury that does not require a surgical repair.]

[BURNS [AND SKIN GRAFT] BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is treated by a Physician for burns received as a result of an Accident and which cause Disfigurement. A Physician must determine that the Injury:

- (1) Involves the minimum body Disfigurement percentage shown in the Schedule of Benefits; and
- (2) Is classified as shown in the Schedule of Benefits; and
- (3) Has resulted in Disfigurement.

[Skin Grafts

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured receives a skin graft for a burn as the result of an Injury. This benefit will not be paid for elective procedures and/or cosmetic surgery that are not the result of an Injury.]]

[EMERGENCY DENTAL BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured requires emergency dental treatment as the result of an Injury to a Natural Tooth.]

[EYE INJURY BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured suffers an eye Injury. The eye Injury must require surgery or the removal of a foreign object by a Physician. An examination with anesthesia will not be considered surgery.]

[ORGANIZED SPORTS BENEFIT

We will pay the additional Benefit Amount shown in the Schedule of Benefits if an Injury occurs while the Insured is participating in an Organized Sport.]

FOLLOW-UP TREATMENT BENEFITS

[BLOOD, PLASMA AND PLATELETS BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured receives a blood, blood plasma or platelets transfusion as the result of an Injury. There is no benefit for immunoglobulin therapy.]

[PAIN MANAGEMENT BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured receives Epidural Anesthesia or cortisone injections to treat pain as the result of an Injury.]

[MEDICAL IMAGING BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured incurs charges for and undergoes outpatient medical imaging tests due to an Injury. Major Diagnostic Imaging tests covered under the Policy are:

- [(1) Magnetic Resonance Imaging (MRI)][:;]
- [(2) Magnetic Resonance Angiogram (MRA)][:;]
- [(3) Electroencephalogram (EEG)][:;]
- [(4) Computed Tomography Scan (CT)][:;] [and]
- [(5) Computed Axial Tomography (CAT)][:;]

[MEDICAL APPLIANCE BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits if a Physician prescribes a medical appliance as an aid in personal mobility as the result of an Injury. Covered medical appliances are: crutches; wheelchair; leg brace; walking boot; back brace; knee scooter; and walker. This benefit is payable only once for each covered accident.]

[MEDICAL EXPENSE BENEFIT]

We will pay up to the Maximum Benefit shown in the Schedule of Benefits if a Physician prescribes medical services to diagnose or treat an Injury. The Insured must incur expenses for diagnostic services, surgery or supplies not covered elsewhere under the policy.]

[MEDICAL SUPPLIES BENEFIT]

We will pay up to the Maximum Benefit shown in the Schedule of Benefits when an Insured incurs expenses for over-the-counter medical supplies purchased to treat an Injury.]

[FOLLOW UP TREATMENT BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits when an Insured incurs charges for and requires services rendered by a Physician in the Physician's office, in a Hospital or on an outpatient basis as the result of an Injury. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.

This does not include Occupational Therapy, Speech Therapy or Physical Therapy. [Services provided through telemedicine are [not] considered a Physician's office visit.] [This benefit is not payable for services rendered in an [Urgent Care Facility][,] [or] [Emergency Room] [or] [Observation Unit].]]

[OUTPATIENT THERAPY SERVICES BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured receives Occupational Therapy, Physical Therapy or Speech Therapy as the result of an Injury. All services must be prescribed by a Physician and provided by an occupational therapist, physical therapist, or speech therapist practicing within the scope of his or her license. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.]

[PRESCRIPTION DRUG BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits for each day an Insured receives Prescription Drugs for Treatment of an Injury resulting from an Accident. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.]

[LODGING BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits for one motel/hotel room for a companion to accompany an Insured who is Confined in a Hospital as the result of an Injury. The Hospital must be at least the distance shown in the Schedule of Benefits from the Insured's primary residence. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.]

[TRANSPORTATION BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits for transportation to a Hospital or Specialty Free-Standing Treatment Center for treatment due to an Injury. A Physician must prescribe the treatment and the same treatment or care must be such that it cannot be obtained locally. Benefits are not payable for:

- Visits to a Physician's office or clinic;
- Services other than actual treatment; or
- Ground, Water or Air Ambulance services.

Benefits are limited to the maximum number of days shown in the Schedule of Benefits.]

[PROSTHETIC DEVICE BENEFIT]

We will pay the Benefit Amount shown in the Schedule of Benefits when an Insured receives one or more prosthetic device(s)/artificial limb(s) when the Insured loses a hand, foot or sight of one eye as the result of an Injury. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic

prostheses such as hair wigs. We will not pay for joint replacement such as artificial hip or knee.】

[FAMILY CHILD CARE BENEFIT

We will pay the Benefit Amount shown in the Schedule of Benefits if an Insured is confined in a Hospital as the result of an Injury and has Dependent Child(ren) attending a Child Care Center during that Confinement. Benefits are limited to the maximum number of days shown in the Schedule of Benefits.】

[RESIDENCE/VEHICLE MODIFICATION BENEFIT

We will pay up to the Maximum Benefit shown in the Schedule of Benefits when the Insured incurs expenses for permanent structural modification of the Insured's primary residence or vehicle required due to physical or functional limitations resulting from an Injury. The modifications must be completed during the Incurral Period for Treatment shown in the Schedule of Benefits.】

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

Secretary

President

ACCIDENT LUMP SUM BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

ACCIDENT LUMP SUM SCHEDULE OF BENEFITS

[Maximum] Benefit Amount per Accident	[\$300-20,000] per Insured
[Confinement in a Hospital Intensive Care Unit	100% of Maximum Benefit]
[Confinement in a Hospital	[50-100]% of Maximum Benefit]
[Treatment in an Emergency Room	[10-75]% of Maximum Benefit]
[Treatment in a Physician's Office or Urgent Care Facility	[5-50]% of Maximum Benefit]
[Calendar][Benefit] Year Maximum	[1-6] Accident[s]
Conditions Of Coverage	[24-Hour Coverage][Non-Occupational Coverage]
Incurral Period	within [7-14 days] of the Accident date

We will pay the [benefit] [percent of the Maximum Benefit Amount based on the type of facility where treatment is provided as] shown on the Schedule of Benefits if an Insured receives care for an Injury resulting directly from an Accident and initial treatment is received during the Incurral Period while this Rider is in force.

[If an Insured receives care in more than one of the facilities listed above for the same Accident, we will pay the highest applicable benefit. We will pay only one benefit per Accident.]

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

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Secretary

[

President

ACCIDENT LUMP SUM SELECT BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

ACCIDENT LUMP SUM SCHEDULE OF BENEFITS

Maximum Benefit Amount per Accident	\$[300 - 20,000] per Insured
[Calendar][Benefit] Year Maximum	[1-6] Accident[s]
Conditions Of Coverage	[24-Hour Coverage][Non-Occupational Coverage]
Incurral Period	within [26 -52 weeks] of the Accident date

We will pay the Eligible Expenses up to the Maximum Benefit Amount shown on the Schedule of Benefits if an Insured receives care for an Injury resulting directly from an Accident and treatment is received during the Incurral Period while this Rider is in force and the Insured remains covered under this Rider.

Initial Treatment for an Injury sustained as a result of the Accident must be received within [7-30] days of the date of the Accident.

DEFINITIONS

For purposes of this Rider, the following definitions are added:

EMERGENCY DENTAL SERVICES means the following services rendered by a Physician or dentist as the result of an Accident:

- (1) a closed or open reduction of a fracture;
- (2) dislocation of the jaw; or
- (3) Injury to the Insured's natural teeth.

ELIGIBLE EXPENSES means services or supplies received by or on behalf of an Insured for an Injury occurring on or after the Certificate Effective Date. Eligible Expenses include:

- (1) Inpatient Hospital Services;
- (2) Medical Services;
- (3) Emergency Dental Services;
- (4) Outpatient Surgical Services;
- (5) Outpatient Laboratory and Medical Imaging Services.

The combined expenses paid for all Eligible Expenses will not exceed the Maximum Benefit Amount shown on the Schedule of Benefits.

INCURRAL PERIOD means the period of time immediately following the Accident in which treatment must occur to be covered under this Rider.

INPATIENT HOSPITAL SERVICES means services provided while the Insured is Confined in a Hospital as the result of an Accident. The entire duration of the Hospital Confinement must be recommended and approved by a Physician.

MEDICAL SERVICES means the following services prescribed and rendered in connection with an Accident by a Physician or other licensed healthcare provider practicing within the scope of their license:

- (1) Physician office visits;
- (2) Urgent Care Facility visits;
- (3) Emergency Room visits;
- (4) Outpatient Hospital visits;
- (5) Outpatient Nursing Services;
- (6) Chiropractic visits; and
- (7) Rehabilitation Services.

NURSE means any one of the following who is not a member of the Insured's immediate family:

- (1) Licensed Practical Nurse (L.P.N.); or
- (2) Licensed Vocational Nurse (L.V.N.); or
- (3) graduated Registered Nurse (R.N.).

OUTPATIENT SURGICAL SERVICES means surgical procedures rendered by a Physician on an outpatient basis and performed in connection with an Accident.

OUTPATIENT LABORATORY AND MEDICAL IMAGING SERVICES means diagnostic procedures performed in connection with an Accident. The services must be ordered or performed by a Physician. Medical Imaging means X-Rays and Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiogram (MRA), Electroencephalogram (EEG), Computed Tomography (CT) Scan, and Computed Axial Tomography (CAT) Scan.

REHABILITATION SERVICES means services intended to relieve pain, restore function and prevent disability following a covered Accident. All services must be prescribed by a Physician and provided by a licensed therapist practicing within the scope of their license.

EXCLUSIONS

This Rider does not provide benefits for the following services or supplies:

- (1) received as a result of participation in any sport for pay or profit;
- (2) for hernia repair, including complications;
- (3) for durable medical equipment;
- (4) for disease, illness or bacterial infection except infection resulting directly from an Injury;
- (5) aeronautics except as a fare-paying passenger on a commercial airline;
- (6) for preventive care including routine physicals, general health exams, routine immunizations or vaccinations;
- (7) for tooth re-implantology not resulting from an Accident;
- (8) for dental treatment initiated prior to the Certificate Effective Date; or
- (9) for dental procedures, services or supplies which do not meet accepted standards of

dental practice.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

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Secretary
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[

President
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<Beazley Name Logo>

ACCIDENTAL [DEATH] [&] [DISMEMBERMENT] BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

PRINCIPAL SUM:

[Employee]	[10% to 100% of the [Employee's] Principal Sum]]
	[\$1,000 - \$5,000,000]
	[0.5 -10 times Salary]
[Employee's] Spouse [or Domestic Partner]	[10% to 100% of the [Employee's] Principal Sum]]
	[\$1,000 - \$5,000,000]
[Employee's] Dependent Child(ren)	[10% to 100% of the [Employee's] Principal Sum]]
	[\$1,000 - \$5,000,000]

ACCIDENTAL [DEATH] [AND] [DISMEMBERMENT] SCHEDULE OF BENEFITS

We will pay the Benefit Amount for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if an Insured suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If an Insured sustains more than one Covered Loss as a result of the same Accident, the total of Benefits We will pay will not exceed the Principal Sum.

Loss must occur within [180 to 730] days of the Accident

COVERED LOSS

BENEFIT AMOUNT

[Loss of Life]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Loss of Both Hands or Both Feet]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Loss of Use of Both Hands or Both Feet]	[50% of the Principal Sum]
	[\$500 - \$5,000,000]]
[Loss of Sight of Both Eyes]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Loss of Speech and Hearing (in Both Ears)]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Loss of One Hand or Foot AND Sight in One Eye]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Quadriplegia]	[100% of the Principal Sum]
	[\$1,000 - \$5,000,000]]
[Paraplegia]	[50% of the Principal Sum]
	[\$500 - \$5,000,000]]
[Hemiplegia]	[50% of the Principal Sum]
	[\$500 - \$5,000,000]]
[Uniplegia]	[25% of the Principal Sum]
	[\$250 - \$5,000,000]]
[Coma]	[50% of the Principal Sum]
	[\$500 - \$5,000,000]]
[Brain Death]	[50% of the Principal Sum]
	[\$500 - \$5,000,000]]

[Loss of One Arm or One Leg	[50% of the Principal Sum] [\$500 - \$5,000,000]
[Loss of One Hand or Foot	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Loss of Use of One Hand or Foot	[25% of the Principal Sum] [\$250 - \$5,000,000]]
[Loss of Sight in One Eye	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Severance and Reattachment of One Hand or Foot	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Loss of Speech	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Loss of Hearing in Both Ears	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Loss of Thumb and Index Finger of the Same Hand	[25% of the Principal Sum] [\$250 - \$5,000,000]]
[Loss of Two Fingers or Toes (any combination)	[10% of the Principal Sum] [\$100 - \$5,000,000]]
[Loss of all Four Fingers of the Same Hand	[50% of the Principal Sum] [\$500 - \$5,000,000]]
[Loss of all the Toes of the Same Foot	[25% of the Principal Sum] [\$250 - \$5,000,000]]
[Loss of One Finger or One Toe	[10% of the Principal Sum] [\$100 - \$5,000,000]]
[Loss of Thumb	[25% of the Principal Sum] [\$250 - \$5,000,000]]
[Loss of Hearing in One Ear	[25% of the Principal Sum] [\$250 - \$5,000,000]]
[Common Carrier Benefit	[1-3] times the Principal Sum [\$1,000 - \$5,000,000]]
[Seat Belt/Helmet Benefit	Additional [10-250%] of Principal Sum [\$100 - \$5,000,000]]
Default Benefit	[\$10 - \$500,000]]
[Transportation of Remains Benefit	[\$250-\$2,500]
Distance from Insured's Primary Residence	[200-500] miles]
[Career Enrichment Benefit	[\$500-\$5,000]
Default Survivor Benefit	[\$50 - \$500]]
[Licensed Day Care Benefit	[\$250-\$2,500]
Default Survivor Benefit	[\$25 - \$250]]
[Surviving Child Educational Benefit	[\$500-\$5,000]
Default Survivor Benefit	[\$50 - \$500]]

[REDUCED BENEFIT SCHEDULE

An Insured's Accidental [Death] [and] [Dismemberment] Benefit may be reduced to the percentage of the Benefit in effect on the date preceding the first reduction, as shown below.

<u>Age</u>	<u>Percentage of Benefit Amount</u>
[65 but less than 70]	[40% to 80%]
[70 or over]	[40% to 80%]

[Premium for an Insured age [65, 70, 75, 80, 85] or older is based on 100% of the coverage that would be in effect if the Insured was under the age of [65, 70, 75, 80, 85].]

CONDITIONS OF COVERAGE

[24-HOUR COVERAGE

We will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when an Insured suffers a Covered Loss that occurs any time while insured by this Policy.]

[NON-OCCUPATIONAL COVERAGE

We will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when an Insured suffers a Covered Loss that is not work-related. We will not pay benefits for any injury that arises out of or in the course of employment for wage or profit or while participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received.]

BENEFICIARY

The beneficiary is the person or persons the Insured names or changes on a form executed by the Insured. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Insured executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Administrative Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Insured has specified otherwise. The share of any beneficiary who does not survive the Insured will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary or if the Insured dies while benefits are payable, We may make direct payment to the first surviving class of the following classes of persons:

- (1) Spouse;
- (2) child or children;
- (3) parents;
- (4) siblings;
- (5) the estate of the Insured.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

BRAIN DEATH means irreversible unconsciousness, resulting from a Covered Loss, manifested by both total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.

CHILD CARE CENTER means any facility or private care that is:

- (1) licensed as such by the state,
- (2) provides non-medical care and supervision for Children, and
- (3) is not operated by an Insured or a member of an Insured's immediate family.

COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days.

COMMON CARRIER means regularly scheduled airlines, passenger trains and inter-city buses operating between definitely established terminals.

COVERED LOSS means a loss which results from an Injury and for which benefits are payable under the Policy.

HELMET means a protective head covering made of a hard material to resist impact and which is approved by the American National Safety Institute (ANSI) and/or the Snell Foundation.

HEMIPLEGIA means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.

LIMB means entire arm or entire leg.

LOSS OF A HAND OR FOOT means complete Severance through or above the wrist or ankle joint.

LOSS OF USE OF A HAND OR FOOT means total loss of all ability to move the hand or foot, that continues for 6-24 months and is expected to continue for the remainder of the Insured's lifetime.

LOSS OF SIGHT means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

LOSS OF SPEECH means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

LOSS OF HEARING means total and permanent loss of ability to hear any sound in an ear which is irrecoverable by natural, surgical or artificial means.

LOSS OF A THUMB OR FINGER means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

LOSS OF TOES means complete Severance through the metatarsophalangeal joint.

PARALYSIS/PARALYZED means Quadriplegia, or Paraplegia, or Hemiplegia or Uniplegia that is expected to last for a continuous period of 6, 12, 18, 24, 30, 36 months or more from the earlier of the date of the accident causing Paralysis or the date of the diagnosis.

PARAPLEGIA means the complete and irreversible Paralysis of both lower limbs or both upper limbs.

QUADRIPLEGIA means the complete and irreversible Paralysis of both upper and lower limbs.

SEAT BELT means:

- (1) Any child restraint device that meets the definition under state law.
- (2) Any other restraint device that:
 - (a) Meets published federal safety standards.
 - (b) Has been installed by the car manufacturer.
 - (c) Has not been altered after such installation.

SEVERANCE means complete separation and dismemberment of the part from the body.

UNIPLEGIA means the complete and irreversible Paralysis of one limb.

[BENEFITS]

[COMMON CARRIER BENEFIT]

We will pay the benefit shown in the Schedule of Benefits if the Covered Person suffers a covered loss for which an Accidental **[Death]** **[and]** **[Dismemberment]** Benefit is payable, that results from an Accident that occurs while riding as a fare-paying passenger in a Common Carrier.]

[SEAT BELT/HELMET BENEFIT]

We will pay the additional death benefit shown in the Schedule of Benefits if a Covered Person dies due to a Covered Accident in an Automobile or Motorcycle in which

1. The Covered Person was wearing a Seat Belt in an Automobile, or
2. The Covered Person was wearing a Helmet on a Motorcycle.

Verification of proper use of the Seatbelt/Helmet at the time of the Accident must be a part of an official police report of the Accident or be certified, in writing, by the investigating officer(s) and submitted with the claim to the Company. If such certification or police report is not available or it is unclear whether the Insured was wearing a Seatbelt/Helmet, the Company will pay a default benefit shown in the Schedule of Benefits.

Individual benefit payments are limited to the respective death benefit limitations found in the Schedule of Benefits.]

[TRANSPORTATION OF REMAINS BENEFIT]

We will pay the amount shown in the Schedule of Benefits for transportation of an Insured's remains to a mortuary near the Insured's primary residence if death occurs more than the distance shown in the Schedule of Benefits from the Insured's primary residence.]

[CAREER ENRICHMENT BENEFIT]

We will pay the amount shown in the Schedule of Benefits for a surviving Spouse **[or Domestic Partner]** to receive training for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. The survivor must be enrolled as a full-time student at a professional or trade training program from an accredited college, university or 2-year college, vocational or trade school within 24 months of the Insured's accidental death. This benefit will be paid for up to 4 years while the survivor remains a full-time student. This benefit is not payable for Dependent Child(ren). Benefits do not require the Spouse **[or Domestic Partner]** to be insured under this Policy. If the Insured is not survived by a Spouse **[or Domestic Partner]**, We will pay the Default Survivor's Benefit to the Insured's Beneficiary.]

[LICENSED CHILD CARE CENTER BENEFIT

We will pay the amount shown in the Schedule of Benefits for surviving Dependent Child(ren) from newborn to 12 years old to attend a licensed Child Care Center. The Dependent Child(ren) must be enrolled within 90 days of the date of the Insured's death. Day care must be necessary for the surviving Spouse [or Domestic Partner] to work or obtain training for work. Benefits do not require the survivors to be insured under this Policy. If the Insured is not survived by a Spouse [or Domestic Partner], We will pay the Default Survivor's Benefit to the Insured's Beneficiary.]

[SURVIVING CHILD EDUCATIONAL BENEFIT

We will pay the amount shown in the Schedule of Benefits for each surviving Dependent Child from age 17 through 21 who is enrolled as a full-time student an accredited college, university or 2-year college, vocational or trade school within 365 days of the Insured's accidental death. This benefit is payable each year for up to 4 years while the surviving child remains a full-time student. Benefits do not require the surviving Dependent Child(ren) to be insured under this Policy. If the Insured is not survived by any eligible Dependent Child(ren), We will pay the Default Survivor's Benefit to the Insured's Beneficiary.]]

EXCLUSIONS

This Rider does not provide benefits for the following:

- (1) Sickness or its medical or surgical treatment, including diagnosis;
- (2) bacterial infection except through a wound accidentally sustained;
- (3) voluntary inhalation of gas or carbon monoxide; or
- (4) poison voluntarily taken, administered or inhaled.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

[_____]

Secretary

[_____]

President

CONTINUATION OF COVERAGE RIDER

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

- I. The following is added to the **TERMINATION OF INSURANCE** section:

CONTINUATION OF COVERAGE

You will be allowed to continue this coverage for a period of [6-24] months from the date Your coverage under the Policy ends [due to voluntary separation] [due to involuntary separation or termination]. [You must have been [continuously] covered under the Policy for at least [3-9] months as of the date Your coverage under the Policy ends.] Your continued coverage will be the same as the coverage in effect on the date Your coverage ends.

[If you elect to continue Your coverage, you may also continue coverage for Your eligible dependents who are covered under the Policy on the date your coverage under the Policy ends.

You may add additional dependents defined as eligible in the Policy if they are acquired or become eligible after Your continuation of coverage begins. Newly eligible dependents must be enrolled within 31 days of the date they become Eligible.]

To continue coverage for Yourself [and/or Your eligible dependents or to add a newly acquired or eligible dependent], You must [submit an election form to the Company] [complete an online election form at [www.xxxxxxxx.com]] and pay the required premium within 31 days of Your election to continue coverage.

Continuation of coverage ends on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid in accordance with the Grace Period;
- (3) the premium due date following the date We receive Your written request to terminate coverage;
- (4) the date You no longer meet the requirements for eligibility; or
- (5) the date all available benefits under the Certificate have been paid.

There is no continuation available if the Policy is cancelled by the Policyholder or Us.

- II. If You elect to continue coverage, the **PREMIUM CALCULATION AND PAYMENT** provision will be replaced by the following:

PREMIUM CALCULATION AND PAYMENT

DIRECT BILL

Your premium is shown on the [Schedule of Benefits][election form]. Your premium is due within 31 days of Your election to continue coverage.

Premiums for coverage provided under the Continuation provision will start with the next Premium Due Date following the date of termination and Your request to continue the coverage. Subsequent premiums are due at the end of the period for which the preceding premium was paid. [The due date for any additional premium for a dependent eligible on or first acquired after Your continuation coverage begins will be 31 days after coverage for that dependent becomes effective.]

Premiums must be paid to Our [Home][Administrative] Office. Payment of premium for a period before it is due will not guarantee that the coverage will remain in effect for that period.

We may change rates, subject to the Policy's Premium Rate Changes provision, not more frequently than once every [6-12 months]. No such change in premium will be made unless [30-60 days] prior notice is given to You and the Policyholder.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Continuation coverage will remain in effect during the grace period. The coverage under the Policy will terminate as of the last day of the grace period if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after You have given notice of intent to terminate your coverage.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

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Secretary

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President

<Beazley Name Logo>

CRITICAL ILLNESS BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

CRITICAL ILLNESS SCHEDULE OF BENEFITS:

[Employee	[\$1,000 – \$1,000,000]]
[Spouse [or Domestic Partner]	[\$1,000 – \$1,000,000]]
[Dependent Child(ren)	[\$1,000 - \$1,000,000]]

COVERED CRITICAL ILLNESS

	% PAYABLE
[Invasive Cancer	10% - 100%]
[Heart Attack	10% - 100%]
[Stroke	10% - 100%]
[Major Organ Transplant	10% - 100%]
[Renal Failure	10% - 100%]
[Coma	10% - 100%]
[Paralysis	10% - 100%]
[Severe Burns	10% - 100%]
[Loss of Sight	10% - 100%]

[REDUCED BENEFIT SCHEDULE

Reduction Amount:	[40% - 80%]
Reduced Benefit Age:	[65 - 85]]

[ADDITIONAL OCCURRENCE BENEFIT

% of Critical Illness Benefit Amount	[10-25%]
Occurrence Separation Period	[3-12 Months]]

BENEFITS

CRITICAL ILLNESS BENEFIT

We will pay the Benefit Amount shown above if an Insured is diagnosed with one of the Covered Critical Illnesses and:

- (1) The Date of Diagnosis is while the Certificate is in force; and
- (2) It is not excluded by name or specific description in the Certificate.

Benefits payable will equal the Critical Illness Benefit Amount applicable to the Insured multiplied by the % Payable for the diagnosed Critical Illness.

[ADDITIONAL OCCURRENCE BENEFIT

We will pay an additional Benefit Amount shown above if an Insured is diagnosed with a different Critical Illness for which benefits have not previously been paid. The diagnosis must be separated from any other Critical Illness diagnosis by the number of months stated above.]

[AGE REDUCTION: If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Critical Illness Benefit Amount in effect on the Date of Diagnosis.]

DEFINITIONS

For purposes of this rider, the following definitions apply:

CLINICAL DIAGNOSIS means a diagnosis of Cancer based on the study of the symptoms. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and must last for 14 consecutive days.

The Date of Diagnosis for Coma is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

CRITICAL ILLNESS means the conditions covered under this Rider and defined in this Rider. If more than one Critical Illness is diagnosed at the same time, only one benefit amount will be paid. Once benefits have been paid for a covered Critical Illness, no additional benefits are payable for a subsequent diagnosis of that same Critical Illness.

HEART ATTACK means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

The Date of Diagnosis for Heart Attack is the date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed above.

INVASIVE CANCER means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Invasive Cancer does not include:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;
- (3) Carcinoma in Situ (non-invasive);
- (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
- (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
- (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
- (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.

Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis.

The Date of Diagnosis for Cancer is the day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

LOSS OF SIGHT means the irreversible loss of sight in both eyes. The diagnosis of Loss of Sight must:

- (1) be made by a Physician, and
- (2) indicate that the corrected visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes.

The Date of Diagnosis for Loss of Sight is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

MAJOR ORGAN TRANSPLANT means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas. Major Organ Transplant also includes a bone marrow transplant.

The Date of Diagnosis for Major Organ Transplant is
the date the procedure occurs for covered transplants
the date the Insured is placed on the UNOS transplant list.

PARALYSIS means complete and permanent loss of function of two or more limbs for a continuous period of at least 60-180 days. Paralysis excludes loss of function following a Stroke.

The Date of Diagnosis for Paralysis is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

PATHOLOGICAL DIAGNOSIS means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a pathologist or Physician whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

RENAL FAILURE means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.

The Date of Diagnosis for Renal Failure is the date that a Physician recommends that an Insured begin renal dialysis.

SEVERE BURNS means third degree burns covering at least 10% - 75% of the surface area of the body.

The Date of Diagnosis for Severe Burns is the date the diagnosis, consistent with this definition, is established by a Physician based on clinical and/or laboratory findings as supported by the Insured's medical records.

STROKE means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Vertebrobasilar Ischemia.

The Date of Diagnosis for Stroke is the date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

[
Secretary

[
President

Beazley Insurance Company, Inc.

Administrative Office

[Address here]

GENERAL INFORMATION

Full Legal Name of [EMPLOYER]:		Federal Tax ID #:	
Street Address:	City:	County:	State: Zip code:
Form of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please explain): _____		List of all Subsidiaries to be included:	
Effective Date of Insurance: Month: Date: Year: <i>The effective date of the insurance is subject to approval of this application by Beazley Insurance Company, Inc.</i>			

ELIGIBLE ENROLLEES, CONTRIBUTION AMOUNT, AND BENEFIT SELECTIONS

# ELIGIBLE ENROLLEES	ENROLLEE CONTRIBUTION	BENEFIT SELECTIONS
	_____ %	<input checked="" type="checkbox"/> Hospital Confinement Benefit <input type="checkbox"/> Hospital Intensive Care Unit Benefit] <input type="checkbox"/> Hospital Admission Benefit] <input type="checkbox"/> Inpatient Surgery Benefit] <input type="checkbox"/> Outpatient Major Surgery Benefit] <input type="checkbox"/> Outpatient Minor Surgery Benefit] <input type="checkbox"/> Anesthesia Benefit] <input type="checkbox"/> Physician Office/Urgent Care Facility Visit Benefit] <input checked="" type="checkbox"/> Emergency Room - Sickness Benefit <input checked="" type="checkbox"/> Emergency Room - Injury Benefit <input type="checkbox"/> Outpatient Diagnostic Lab Benefit] <input type="checkbox"/> Outpatient X-ray Benefit] <input type="checkbox"/> Outpatient Major Diagnostic Testing Benefit] <input type="checkbox"/> Durable Medical Equipment Benefit] <input type="checkbox"/> Wellness Benefit] <input checked="" type="checkbox"/> Ground or Water Ambulance Benefit <input checked="" type="checkbox"/> Air Ambulance Benefit <input type="checkbox"/> Skilled Nursing Care Facility Benefit] <input type="checkbox"/> Mental or Nervous Disorders Confinement Benefit] <input type="checkbox"/> Substance Abuse Confinement Benefit] <input type="checkbox"/> Mental or Nervous Disorders & Substance Abuse Admission Benefit] <input type="checkbox"/> Transplant Travel Benefit] <input type="checkbox"/> Prescription Drug Benefit] Additional Benefits: <input type="checkbox"/> Accident Benefit] <input type="checkbox"/> Accidental [Death] [&] [Dismemberment] Benefit] <input type="checkbox"/> Accident Expense Benefit] <input type="checkbox"/> Accident Lump Sum [Select] Benefit] <input type="checkbox"/> Continuation Benefit] <input type="checkbox"/> Critical Illness Benefit] <input type="checkbox"/> Dental Benefit] <input type="checkbox"/> Outpatient Cancer Treatment Benefit] <input type="checkbox"/> Total Disability Benefit] <input type="checkbox"/> Vision Benefit]]

Will all or part of this policy replace similar coverage? ☐ Yes ☐ No If yes, list insurer(s), Policy Number(s), and Termination Date(s):

Insurer:_____ Policy Number:_____ Term Date: _____

DEPOSIT INFORMATION

Deposit submitted with application [\$_____]. If the policy is issued, the deposit will apply towards the first month's premium.

AGREEMENT *(This form must be signed)*

The [Employer] and Beazley Insurance Company, Inc. ("We", "Us" or "Our") agree that:

THE APPLICATION should form the basis for and become part of any policy issued. **PREMIUM RATES** shall: (1) be subject to all provisions in that policy; and (2) be binding on both [Employer] and Us. **LIABILITY OF THE COMPANY** – We will have no liability until this request has been approved at Our Administrative Office. **AUTHORITY OF AGENTS** – No agent can change the terms of this request or any policy We issue. No agent can waive any of Our rights or requirements or extend the time for any premium payments. **CHANGES AND CORRECTIONS** – The acceptance of any policy issued on this request shall constitute ratification of any correction or amendment made by Us. Changes are an amendment to and form a part of the original request and any policy issued.

AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the above information is true and correct to the best of my knowledge and belief.

Please continue to read below for special notices required by state law.

[Employer] (full legal name): _____

Dated at _____ this _____ day of _____, _____.

Signature of Authorized Person:	Print Name:	Print Title:
Signature of Licensed Resident Agent:	Print Name of Agent and License Number:	Address (Including Zip Code):

FRAUD WARNING

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

OUTPATIENT CANCER TREATMENT BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day][,][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

OUTPATIENT CANCER TREATMENT

Benefit Amount	[\$100 - \$1,000] per Insured, per day
[Calendar][Benefit] Year Maximum	[1-10] day[s] per Insured

We will pay the Benefit Amount shown if an Insured incurs charges for Chemotherapy, Radiation Therapy, or Immunotherapy for the treatment of cancer. [For Late Entrants, the charges must be incurred after coverage has been in force for the number of days listed as the Waiting Period shown on the Schedule of Benefits.] This benefit is not payable while an Insured is Confined to a Hospital.

The Benefit Amount payable per day will not exceed the Outpatient Cancer Treatment Benefit Amount, subject to the maximum number of days per [Calendar][Benefit] Year shown above. If an Insured has more than one cancer treatment performed on the same day, We will pay only one Outpatient Cancer Treatment Benefit Amount.

DEFINITIONS

CHEMOTHERAPY means chemotherapeutic medications prescribed by a Physician, for the treatment of cancer, and that cause cell damage primarily by targeting cell growth. Chemotherapy does not include Immunotherapy. A medication that is considered Investigational or Experimental is not Chemotherapy.

IMMUNOTHERAPY means a treatment intended to induce, enhance or suppress an immune response for the purpose of treatment of cancer.

RADIATION THERAPY means the U.S. Food and Drug Administration approved use of high-energy radiation from x-rays, gamma rays, neutrons, protons, and other sources to kill cancer cells and shrink malignant tumors in the treatment of cancer.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

[

Secretary
]

[

President
]

<Beazley Name Logo>

TOTAL DISABILITY BENEFIT RIDER

LIMITED BENEFIT – PLEASE READ CAREFULLY

This Rider is attached to and made part of the Certificate [as of the Certificate Effective Date] [effective [Month][Day],][Year]]. This Rider is subject to all of the terms, conditions, limitations and exclusions of the Policy except as specifically modified by this Rider.

TOTAL DISABILITY SCHEDULE OF BENEFITS

DISABILITY BENEFIT: [\$1,000 - \$1,000,000] [Monthly][Weekly]

[MINIMUM DISABILITY BENEFIT: [\$25 - \$500] [Monthly][Weekly]]

[MAXIMUM COVERED PERCENT OF COMPENSATION: [20% - 80%]]

ELIMINATION PERIOD:

ACCIDENT: [0, 7 or 14 days]

SICKNESS: [7 or 14 days]

MAXIMUM BENEFIT PERIOD: [3 - 12 Months][13 - 52 Weeks]

[WAITING PERIOD: [10 - 90 days]]

[PRE-EXISTING CONDITION PERIOD: [3, 6, 12 Months]]

A Total Disability Benefit will be paid if the Insured becomes Totally Disabled, while coverage is in force, for the period of Total Disability that continues beyond the Elimination Period.

No such benefits will be paid beyond the Maximum Benefit Period stated in the Schedule of Benefits.

The Elimination Period and Maximum Benefit Period apply separately to each period of Total Disability.

Disability Benefits will be paid for only one disability when:

- (1) more than one disability exists at the same time; or
- (2) a disability results from two or more causes.

If a Disability Benefit is to be paid for less than a full [week][month], the amount will be reduced pro rata on the basis that one day's benefit equals [one-seventh (1/7th)][one-thirtieth (1/30th)] of the [weekly][monthly] Disability Benefit.

[DISABILITIES OCCURRING OUTSIDE THE UNITED STATES OR TERRITORIES OF THE UNITED STATES:

If the Insured becomes Totally Disabled outside the United States or territories of the United States, Disability Benefits due to the Insured will be limited to the lesser of:

- (1) [1 - 3 Months][1 - 12 Weeks]; or
- (2) the Maximum Benefit Period specified in the Schedule of Benefits.

To continue to receive any additional Benefit Payments, the Insured must reside in the United States or a territory of the United States for the duration of the period of Total Disability.]

CONDITIONS OF COVERAGE

[24-HOUR COVERAGE

We will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions, limitations and exclusions, when the Insured Person suffers a Total Disability that occurs any time while insured by this Policy.]

[NON-OCCUPATIONAL COVERAGE

We will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions, limitations and exclusions, when the Insured Person suffers a Total Disability that is not work-related. We will not pay benefits for any injury that arises out of or in the course of employment for wage or profit or while participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received.]

DEFINITIONS

For purposes of this Rider, the following definitions apply:

DISABILITY BENEFIT means the benefit amount, prior to the application of Limitations, for which the Insured is eligible and for which premium has been paid.

EARNED INCOME means the Insured's gross earnings from his or her personal participation in any occupation(s), profession(s) or business(es). If the Insured's Own Occupation involves ownership of any portion of any profession(s) or business(es), including any corporation, Earned Income includes his or her share of the earnings of such profession(s) or business(es) reduced by any amount that is deductible as a business expense for federal income tax purposes. Earned Income does not include investment income, deferred compensation or retirement income.

ELIMINATION PERIOD means that period of time, as listed in the Schedule of Benefits, that starts after the Insured's Effective Date of coverage, during which:

- (1) the Insured is Totally Disabled; and
- (2) no Disability Benefits are payable.

GAINFUL EMPLOYMENT means the Insured's Own Occupation, as well as any other occupation or professions for which the Insured is reasonably fitted by education, training or experience.

OWN OCCUPATION means all occupations or professions in which the Insured is regularly engaged for wage or profit at the time he or she becomes disabled. An occupation or profession will be defined as it is normally performed in the national economy instead of how the work tasks are performed for a specific employer or at a specific location.

SICKNESS means illness or disease that starts while the Insured's coverage is in force and is the direct cause of a disability. Sickness includes pregnancy and any complications of pregnancy, including but not limited to a non-elective cesarean section.

TOTAL DISABILITY (or Totally Disabled) means a disability that renders the Insured unable to:

- (1) perform with reasonable continuity the substantial and material acts necessary to pursue the Insured's usual occupation in the usual or customary way; or
- (2) engage with reasonable continuity in another occupation in which the Insured could reasonably be expected to perform satisfactorily in light of the Insured's age, education, training, experience, station in life, physical and mental capacity.

A disability due to a different or unrelated cause will be considered a new period of disability.

A disability which is the same as or related to the cause of a prior disability for which Total Disability benefits were payable under the policy will be considered part of the prior disability unless separated by Your return to Active Service for at least 3-12 months.

Any disability that begins after termination of coverage will not be covered under the Policy.

WAITING PERIOD means the period of time the Insured must be in Active Service as an Employee of the Policyholder before the Insured becomes eligible to enroll for coverage under the Policy.

LIMITATIONS

OTHER INCOME

The Disability Benefits paid to the Insured will be reduced by the payments the Insured is entitled to receive from:

- (1) group insurance coverage or like coverage for persons in a group;
- (2) Federal Social Security Act (this includes benefits paid to the Insured and the Insured's dependents due to the disability);
- (3) Federal Old Age Benefits under the Federal Social Security Act on the Insured's behalf[;] [and]
- [(4) salary or wage continuance plans such as accrued sick leave or paid personal time used as sick leave, paid for by the Policyholder or the Insured's employer which extend beyond the Elimination Period stated in the Schedule of Benefits][;] [and]
- [(5) Governmental or other retirement system as a result of the Insured's employment, whether due to disability, normal retirement or voluntary election of retirement benefits][;] [and]
- [(6) Workers Compensation, Employers' Liability or similar law][;] [and]
- [(7) a state disability plan][;] [and]
- [(8) a pension plan to which the Policyholder or the Insured's employer contributes or makes payroll deductions][;]

If it appears that the Insured is entitled to any of the above income sources (this includes benefits payable to the Insured and the Insured's dependents), unless the Insured shows proof that payments under these applicable programs or acts have been applied for, but will not be paid, We:

- (1) will assume the Insured is receiving such payments; and
- (2) may require the Insured to reapply (but not more frequently than annually) once a denial of benefits has been received from any of the above sources, and appeals have been pursued. Failure to reapply for benefits when required by Us will result in Our estimation of payment by those sources.

Benefits will not be reduced due to a cost of living increase in Social Security if the increase takes place while benefits are payable under the Policy.

Unless stated otherwise, the Disability Benefit payable will be no less than the Minimum Disability Benefit amount set out in the Schedule of Benefits.

[PRE-EXISTING CONDITION LIMITATION

There will be no Disability Benefit payable for a Total Disability caused by, contributed to, or resulting from a Pre-Existing Condition during the Pre-Existing Condition Period shown in the Schedule of Benefits.

[If the Insured was covered under a prior carrier's group disability policy at the date of change in coverage

to a group disability policy provided by Us, and was not subject to a Pre-Existing Condition limitation under the prior carrier's policy, there shall be no Pre-Existing Condition limitation under Our policy. However, if the Insured was subject to a Pre-Existing Condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition limitation of Our policy for that period of time that the Insured was continuously covered under the prior carrier's policy.]

[No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.]

[Any increase in the amount of the Insured's Disability Benefit [which exceeds an annual increase of \$200.00] will be subject to this Pre-Existing Condition Limitation, beginning on the Effective Date of the increase.]]

[EXCLUSIONS

This Rider does not provide benefits for any disability that results from[:]

[(1)]participation in a sport for compensation or profit[:][or]

[(2) an Accident or Sickness for which the Insured receives benefits under Workers Compensation or similar coverage or for which the Insured would receive benefits under Workers Compensation if the employer had enrolled the Insured for such coverage and the Insured and employer had cooperated in filing a claim under that coverage][.]

[No benefits are payable during any period in which the Insured is incarcerated [or under house arrest].]

[The suspension, revocation or surrender of a professional or occupational license or certificate does not constitute a disability].]

TERMINATION

If:

- (1) Your coverage ends as a result of Your termination of Active Service;
- (2) such termination is caused by an Accident or Sickness for which Disability Benefits would be payable; and
- (3) Total Disability is established prior to the termination of Active Service,

then Disability Benefits will be paid as if such termination had not occurred, subject to the maximums stated in the Total Disability Schedule of Benefits.

All other terms, conditions, limitations and exclusions of the Policy and Certificate remain unchanged. This Rider is executed by Beazley Insurance Company, Inc.

[

Secretary
]

[

President
]

SERFF Tracking #:	PERR-132255249	State Tracking #:		Company Tracking #:	BICI-GH-GLI-DC-2001F
State:	District of Columbia	Filing Company:	Beazley Insurance Company, Inc.		
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity				
Product Name:	Group Limited Medical Insurance - Rider				
Project Name/Number:	/				

Rate Information

Rate data does NOT apply to filing.

State:	District of Columbia	Filing Company:	Beazley Insurance Company, Inc.
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Limited Medical Insurance - Rider		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	DC GLI Riders SOV.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability
Comments:	
Attachment(s):	DC Readability Certification_AWD.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	P&K Authorization Letter_Signed_20190418.pdf
Item Status:	
Status Date:	

Beazley Insurance Company, Inc.
Group Limited Indemnity Policy – Optional Riders
Explanation of Variables

1. General Statement

- Unless otherwise noted, all bracketed or boxed text in the forms and within this statement of variability is variable only to the extent that it may be included or omitted according to a policyholder's plan of insurance.
- When bracketed or boxed text is deleted, paragraphs may be moved to suit the needs of a particular policyholder.
- Letters and numbers as they appear in a list, punctuation or words such as "and" or "or" will be included or omitted as needed in order to make the statement or list read correctly.
- The logo will be included when the forms are in final print. The company logo will at all times be prominent.
- Appropriate officers' signatures will be included when the forms are in final print.
- The term "Employee" may be replaced with "Member" when coverage is issued to an association or a union.
- The term "Employer" may be replaced with "Association" for association policyholders or "Union" for union policyholders.
- If the rider is effective as of the certificate effective date, the month, day and year variables will be deleted. If coverage is effective as of a specific date, the Certificate Effective Date statement will be deleted. The effective date will vary by policyholder.

2. Accident Expense Benefit Rider – AHGLIMC-AE-DC 122019 Ed.

2.1. Schedule of Benefits

- Coverage may be issued on a 24 hour or non-occupational basis.
- Coverage may be provided on a per calendar year or per benefit year basis.
- Benefits may be included or excluded based on policyholder selection.

2.2. Definitions

- Definitions will be included or excluded based on the policyholder's benefit selection.

2.3. Benefits

- Benefits will be included or excluded based on the policyholder's benefit selection.
- Hospital Confinement Benefit: the bracketed statement in the benefit will be included if the rider includes coverage for Hospital Intensive Care Unit.
- Hospital Admission Benefit: the bracketed statement in the benefit will be included if the rider includes coverages for Hospital Intensive Care Unit Admission Benefit.
- Hospital Intensive Care Unit Confinement Benefit: the bracketed statement in the benefit will be included if the rider includes coverage for Hospital Confinement.
- Hospital Intensive Care Unit Admission Benefit: the bracketed statement in the benefit will be included if the rider includes coverage for Hospital Admission Benefit.
- Burns and Skin Graft Benefit: Skin Graft will be included if coverage for skin grafts as a result of burns is provided.
- Medical Imaging Benefit: types of imaging will be included based on the policyholder's benefit selection.
- Follow Up Treatment Benefit: Telemedicine services may or may not be considered a follow up benefit based on the policyholder's benefit selection. The benefit may exclude services rendered in an Urgent Care Facility, Emergency Room or Observation Unit based on the policyholder's benefit selection.

3. Accident Lump Sum Benefit Rider – AHGLIMC-LSA-DC 122019 Ed.

3.1. Schedule of Benefits

- Maximum will be included when the benefit differs based on the facility where care is received. If those variables are not included, a flat benefit amount will be payable.
- Benefits may be included or excluded based on policyholder selection.
- Coverage may be provided on a per calendar or per benefit year basis.
- Coverage may be issued on a 24 hour or non-occupational basis.

3.2. Benefits

- Benefits may either be paid as a flat amount or as a percentage of the maximum benefit based on the facility where care is received based on policyholder benefit selection.
- If benefits vary based on the facility where treatment is received, the bracketed statement will be included.

4. Accident Lump Sum Select Benefit Rider – AHGLIMC-LSS-DC 122019 Ed.

4.1. Schedule of Benefits

- Coverage may be issued on a 24 hour or non-occupational basis.

5. Accidental Death and Dismemberment Benefit Rider – AHGLIMC-ADD-DC 122019 Ed.

5.1. Principal Sum

- The Employee amount may be shown as a dollar amount or a percentage of the employee's salary.
- Dependent amounts may be shown as a dollar amount or a percentage of the Employee amount.

5.2. Benefits

- This rider may provide coverage for accidental death, accidental dismemberment, or both accidental death and dismemberment.
- Benefits may be included or excluded based on policyholder benefit selection.
- This rider may include a reduced benefit schedule based on the insured's age, if selected by the policyholder.
- Career Enrichment Benefit: if coverage is extended to domestic partners, the bracketed text will be included.
- Licensed Child Care Center Benefit: if coverage is extended to domestic partners, the bracketed text will be included.

5.3. Conditions of Coverage

- Coverage may be issued on a 24 hour or non-occupational basis.

5.4. Definitions

- Definitions will be included or excluded based on the policyholder's benefit selection.
- Paralysis: quadriplegia, paraplegia, hemiplegia and Uniplegia may be included or excluded based on policyholder benefit selection.

6. Continuation of Coverage Rider – AHGLIMC-CONT-CW 122019 Ed.

6.1. Continuation of Coverage

- Continuation of coverage may be offered due to voluntary separation or involuntary separation or termination based on policyholder selection.

- The requirement to have been covered under the policy for a specific period of time in order to elect continuation coverage and the length of time required will be included based on policyholder selection
- If continuation is provided to dependents, the bracketed paragraphs will be included.
- Insureds will submit an election form or complete an online election form based on where the policy is serviced.

6.2. Premium Calculation and Payment

- Premium for the continuation of coverage may be shown on the Schedule of Benefits if the certificate is personalized or the election form if a standard certificate is provided.
- If coverage is provided for dependents, the bracketed statement will be included.
- Premiums must be paid to the insurer's home or administrative office based on where the policy is serviced.

7. Critical Illness Benefit Rider – AHGLIMC-CI-DC 122019 Ed.

7.1. Schedule of Benefits

- Benefits may be included or excluded based on policyholder benefit selection.
- If coverage is extended to domestic partners, the bracketed text will be included.
- If the policy includes a Reduced Benefit Schedule, the bracketed text will be included.

7.2. Benefits

- Additional Occurrence Benefit may be included or excluded based on policyholder benefit selection.
- Age Reduction may be included or excluded based on policyholder benefit selection.

7.3. Definitions

- Definitions may be included or excluded based on policyholder benefit selection.
- Major Organ Transplant: the date of diagnosis may be the date of the procedure or the date the insured is placed on the transplant list based on policyholder benefit selection.

8. Outpatient Cancer Treatment Benefit Rider – AHGLIMC-OC-DC 122019 Ed.

8.1. Schedule of Benefits

- Coverage may be provided on a per calendar year or per benefit year basis.
- If the rider extends coverage to late entrants, the bracketed statement will be included.

9. Total Disability Benefit Rider – AHGLIMC-DI-DC 122019 Ed.

9.1. Schedule of Benefits

- Benefits may be paid on a weekly or monthly basis based on policyholder benefit selection.
- Minimum Disability Benefit and Maximum Covered Percent of Compensation will be removed based on policyholder selection if the benefit is payable at a flat amount.
- Waiting Period: may be included or excluded based on policyholder benefit selection.
- Pre-Existing Condition Period: may be included or excluded based on policyholder benefit selection.
- If benefits are provided for a disability occurring outside of the US or its territories, this paragraph will be included.

9.2. Conditions of Coverage

- Coverage may be issued on a 24 hour or non-occupational basis.

9.3. Limitations

- Other Income limitations 4, 5, 6, 7, and 8 may be included or excluded based on policyholder selection.
- If no Pre-Existing condition applies, this entire provision is deleted. Language regarding waiving/modifying or specifically not waiving the pre-existing condition for prior coverage may be deleted on a policyholder specific basis. Language regarding the application of the pre-existing condition limitation on increases in coverage may be deleted on a policyholder specific basis.

9.4. Exclusions

- Exclusions 1 and 2 may be included or excluded based on policyholder selection.
- The incarceration exclusion may be included or excluded based on policyholder selection.
- The professional or occupational license may be included or excluded based on policyholder selection.

10. Application for Group Limited Indemnity Insurance – AHGLIMA0101-DC 122019 Ed.

10.1. Administrative Office

- Contact information may vary based on where policy is serviced.

10.2. General Information

- Form of Organization will vary based on policyholder type.

10.3. Benefit Selections

- Benefit selections listed will vary based on plan offered. Hospital Confinement Benefit will always be included.

10.4. Deposit Information

- Information will vary by policyholder.

STATE OF DISTRICT OF COLUMBIA

READABILITY CERTIFICATION

COMPANY NAME: Beazley Insurance Company, Inc.

This is to certify that the forms referenced below have achieved a Flesch Reading Ease Score as indicated below and comply with D.C. Code § 31-4725 and § 31-4726.

Form Name	Form Number	Score
Accident Expense Benefit Rider	AHGLIMC-AE-DC 122019 Ed.	45.8
Accident Lump Sum Benefit Rider	AHGLIMC-LSA-DC 122019 Ed.	49.5
Accident Lump Sum Select Benefit Rider	AHGLIMC-LSS-DC 122019 Ed.	48.1
Accidental Death and Dismemberment Benefit Rider	AHGLIMC-ADD-DC 122019 Ed.	45.6
Continuation of Coverage Rider	AHGLIMC-CONT-CW 122019 Ed.	43.9
Critical Illness Benefit Rider	AHGLIMC-CI-DC 122019 Ed.	45.0
Outpatient Cancer Treatment Benefit Rider	AHGLIMC-OC-DC 122019 Ed.	53.8
Total Disability Benefit Rider	AHGLIMC-DI-DC 122019 Ed.	44.6
Master Application	AHGLIMA0101-DC 122019 Ed.	n/a



Signature

Anne Dowdle

Name

Head of Office

Title

February 10, 2020

Date

April 18, 2019

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Beazley Insurance Company, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Beazley Group

8500 Normandale Lake Blvd
Suite 955
Bloomington, MN 55437
USA

Phone (952) 656 7171
Fax (952) 656 7210

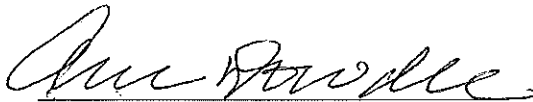
info@beazley.com
www.beazley.com

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
401 Wilshire Blvd, Suite 300
Santa Monica, CA 90401
Tel: (888) 201-5123
Fax: (310) 230-1061
doi@perrknight.com

Please contact me at (952) 656-7172 if you have questions regarding this authorization.

Sincerely,



Anne W. Dowdle
US A&H Head of Office, Minneapolis
Beazley Group
Direct tel: (952) 656-7172
Email: anne.dowdle@beazley.com

beazley